



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

March 11, 2011

Brian Davidson, Administrator  
The Cottage at Boise Samaritan Village  
3390 Collister Drive  
Boise, Idaho 83703

License #: RC-306

Dear Mr. Davidson:

On February 9, 2011, a Fire Life Safety Survey was conducted at The Cottage at Boise Samaritan Village. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

EM/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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February 22, 2011

Brian Davidson, Administrator  
The Cottage at Boise Samaritan Village  
3390 Collister Drive  
Boise, Idaho 83703

Dear Mr. Davidson:

On February 9, 2011, a Fire Life Safety Survey was conducted at The Cottage at Boise Samaritan Village. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 11, 2011.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK P. GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MPG/lj

Enclosure

PRINTED: 02/16/2011  
FORM APPROVED

## Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R306</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/09/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTTAGE AT BOISE SAMARITAN VILLAGE, TI</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3390 COLLISTER DRIVE BOISE, ID 83703</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of IDAPA 16.03.22 Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 9, 2011.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS/RHSO Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</p>	R 000	<p><i>no smoking on patio</i> <i>Policy Change 2/28/11</i> <i>Trash can for cigarette</i> <i>Bulbs brought 2/19/11</i> <i>Signs for no smoking</i> <i>with in 20 feet of propane</i> <i>tank 2/17/11</i></p> <p><b>RECEIVED</b> MAR 03 2011 <b>FACILITY STANDARDS</b></p>		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

8000

9X7P21

If continuation sheet 1 of 1



**MEDICAID L & C - RALF PROGRAM**  
**P.O. Box 83720**  
**Boise, ID 83720-0036**  
**(208) 334-6626 fax: (208) 364-1888**

## ASSISTED LIVING

### Non-Core Issues

### Punch List

MAR-3-2011 03:50P FROM:

Facility Name Cottage at Grand Samaritan	Physical Address 3390 Cellister Drive	Phone Number 338-9243
Administrator Brian Davidson	City Buck	ZIP Code 53703
Survey Team Leader Erin Mansell	Survey Type FLS	Survey Date Feb 9, 2011

## NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

Date Signed \_\_\_\_\_

March 10, 2011

29/11

L&C-686 September 2008